

**American Legion Auxiliary Department of Virginia**

**Spring Conference Junior Sleepover Permission Form**

My child \_\_\_\_\_ has my permission to participate in the American Legion

Auxiliary Spring Conference Junior Sleepover on \_\_\_\_\_.

(Date)

I understand that my child will be staying overnight in the hotel room with the American Legion Auxiliary Department Junior Activities Chairman and appointed chaperones that have all been background checked. I have reviewed the itinerary and rules concerning this trip or activity and give permission for my child to participate. I grant permission that in the event of an emergency my child may be treated and medical care may be given. I expressly recognize that my child is responsible for her own behavior. Further, I save harmless and indemnify the American Legion Auxiliary National Organization, the Department of Virginia, District \_\_\_\_\_ and Unit \_\_\_\_\_ and its Chairman and Junior Activities Chaperones and leaders and will not hold them responsible for any accident or occurrence involving my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Important: Please list below any allergies your child may have, medications she may be taking, or special concerns. Please make sure your Junior or your Junior's guardian has a copy of her insurance card with them in the event of an emergency.

Allergies:

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Medications:

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Special Concerns:

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